

**EMPLOYEES RETIREMENT SYSTEM (ERS)
ENROLLMENT FORM
Mandatory Members**

| | | | | |
|------------|-------------|-----------|------------|---------|
| First Name | Middle Name | Last Name | Birth Date | Clock # |
|------------|-------------|-----------|------------|---------|

| | | | |
|-----------------------------|------|-------|-----|
| Address (Number and Street) | City | State | Zip |
|-----------------------------|------|-------|-----|

Milwaukee County employees who are considered mandatory members of ERS are described in Option 1. Employees who are ineligible to participate in ERS are described in Option 2. Please determine the category your current employment position falls into and select the corresponding option.

Option 1. All Milwaukee County employees who have a regularly scheduled workweek of 20 hours or more and are Regular Appointments, Temporary Appointments or Exempt Appointments are automatically members of ERS by Ordinance. As a member of ERS, unless you are otherwise exempt, you are subject to the mandatory employee contribution requirement in Ordinance section 201.24(3.11). The amount of the contribution will vary from year to year but will be deducted on a pre-tax basis from your paycheck.

☐ **Option 1:** By checking this box, I understand that I am automatically enrolled in ERS and unless I am exempt, I will have a designated amount deducted from my bi-weekly paycheck. Please fill out the beneficiary designation information below and the Membership Account Beneficiary Designation form.

Option 2. All Milwaukee County employees who are hourly with a defined workweek of less than 20 hours and employees paid on a per call or fee basis, athletic officials, noncivil service persons on County relief or work programs, teachers eligible for membership in the State system and members of boards and commissions (except members of the County Board of Supervisors) are not eligible to receive an ERS retirement benefit.

☐ **Option 2.** By checking this box, I understand that I am NOT eligible to become a member of ERS and understand that I will not have any amounts deducted from my paycheck nor will I be a member of ERS.

1. Were you ever employed by Milwaukee County before? Y or N If Yes, under what name? _____

2. If you previously worked for Milwaukee County, did you withdraw your membership account? Y or N _____

3. Were you ever employed by the City of Milwaukee or State of WI? Y or N. If Yes, complete A & B

A. What was your name while employed? _____ Dates of Employment. _____

B. Complete reciprocity form obtained from department payroll clerk for City or State time to be recorded.

DESIGNATION OF BENEFICIARY(IES)

I hereby designate the following beneficiary(ies) to receive any lump sum death benefit which may become payable after my death, under Section 201.24 of the Milwaukee County Ordinances. I understand that this beneficiary designation is only for a death benefit which may become payable and that I must complete an additional form to designate beneficiary(ies) to receive the balance of my Membership Account containing my employee contributions.

| Name | Address | Birthdate | Relationship | Share |
|------|---------|-----------|--------------|-------|
| | | | | |
| | | | | |

Signature of Witness: _____

Address of Witness _____

Employee Signature _____

Date _____